

Thinking Thanatology

By: Dr. Jill Karn, J.D. Pierce Mortuary College



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When was the last time you thought about Thanatology? As a discipline of study, thanatology may have last been a part of your vocabulary during your mortuary school studies. However, as a practice, thanatology is something that you as a funeral professional deal with every single day, perhaps not consciously but certainly woven into the fabric of helping families deal with death. While a funeral director generally does not play a role during the dying process, he or she certainly is instrumental in helping families cope with death and through rituals helps them begin the journey of healing. Perhaps going back to some basics and thinking about thanatology will refresh and sharpen your focus on this fundamental objective to help and guide families.

Thanatology Defined

Thanatology, the scientific study of death, includes a wide range of topics that overlap with death itself and the dying process (physical, psychological, and social events that occur during the period leading up to physical death). Thanatologists might look at the psychological aspects of the process of dying, the social components of death, or even how music impacts the dying person. Thanatology is concerned with the notion of death as popularly perceived and especially with the reactions of the dying, from whom it is felt much can be learned about dealing with death's approach.

Thanatology (Greek *thanatos*, "death") traces its roots back to about 1900. After World War II, health professionals recognized a gap between the needs of individuals and available treatment options. In the first half of the 20th century, thanatologists and other

professionals began recognizing that an understanding of death was essential to a complete understanding of life. Death is an unavoidable part of the life cycle for all living things – everyone dies, and everyone experiences grief.

The Five Stages

In 1969, psychiatrist Elisabeth Kübler-Ross conceptualized **five stages in facing one's terminal illness (and death)** in her book *On Death and Dying*: denial, anger, bargaining, depression, and acceptance. Although most thanatologists accept the stages, they recognize that these occur neither with predictable regularity nor in any set order. Further, the five stages are but general reactions to many situations involving loss, not necessarily dying. Seldom does a dying person follow a regular, clearly identifiable series of responses. It is common for individuals to jump from stage to stage and back again.

Kubler-Ross's work changed the standard of care for dying people by making society and doctors aware of and more sensitive to the emotional needs of those dying. She later expanded her model to include any form of personal loss, such as the death of a loved one, the loss of a job or income, major rejection, the end of a relationship or divorce, drug addiction, incarceration, the onset of a disease or chronic illness, an infertility diagnosis, and even minor losses.

In her book, *On Grief and Grieving: Finding the Meaning of Grief Through the Five Stages of Loss*, Dr.



SIDEBAR: “The grief process is never the same for any two people. Don’t compare yourself with others in similar situations. Their smiles may not reveal the depth of their sorrow. Be your own timekeeper. Heal in your own way and in your own time.”

—Dr. Earl A. Grollman, *Living with Your Loss*

Kübler-Ross says, “The stages have evolved since their introduction, and they have been very misunderstood over the past three decades. They were never meant to help tuck messy emotions into neat packages. They are responses to loss that many people have, but there is not a typical response to loss, as there is no typical loss. Our grief is as individual as our lives. . . . They are tools to help us frame and identify what we may be feeling. But they are not stops on some linear timeline in grief. Not everyone goes through all of them or goes in a prescribed order.”

Denial

Many times **denial** is the first reaction to an impending death or death, or a reaction when hearing bad news, such as terminal illness. The initial reaction is immediate denial. It helps individuals rationalize overwhelming emotions and survive the loss. Denial is a conscious or unconscious refusal to accept facts, reality, etc., relating to the difficult situation as a survival mechanism the brain has developed. When it appears in a typical manner, it is a lot like a “cushion,” which is there to provide a short pause while we regain our footing in life.

Denial becomes a defense mechanism where individuals cling to a false reality and is perfectly natural. Denial can be a positive coping stage, which ultimately may allow individuals to come to terms with the knowledge

of dying until they are ready to cope with the death. Some become locked in this stage when dealing with a traumatic change. When individuals start asking questions such as “Why?” or “How did this happen?” this is a sign they are moving out of the denial phase and into the healing process.

Anger

The second stage is **anger** and is a natural response to loss. When individuals recognize loss has occurred and denial cannot continue, this may trigger frustration, which is the anger stage. Reality and its pain re-emerge. Feelings of abandonment, rage and resentment, and feelings of unfairness, all are signs of individuals in the anger stage. The intense emotion can be difficult to cope with.

Psychological responses of individuals going through this stage include blaming others or asking, “Why me? This is not fair!” In this stage, individuals may be upset with strangers, themselves, the deceased, others, God, the world, and close family or friends. Anger turned inward is suppressed anger or guilt: “I should have done something.” Identifying, labeling, and feeling anger are parts of the healing process. Doctors and loved ones should not respond to the anger of the dying person with avoidance or returned anger but through support.

Bargaining

Traditionally, the **bargaining** stage for people facing death involves individuals hoping they can avoid the cause of grief or attempt to bargain with God. The bargaining stage keeps individuals focused on the past so they do not have to feel the emotions of the present. Bargains for cures, extra time, less pain, or to spare loved ones, are all signs of the bargaining stage. The bargaining stage can happen before and after the loss occurs.

Psychological responses of individuals going through this stage would be: “I’ll change if you bring him (or her) back to me”; or “I’ll do anything!” With bargaining, there’s a sense that we just want life back to the way it used to be or to go back in time and change things. This stage usually involves promises that the individual will behave better or make significant life changes that will be made in exchange for the reversal of the loss. Once individuals have accepted that the loved one has passed, bargaining can help focus on the

future as they may pray or believe to “be reunited with them someday.”

Depression

Once it becomes clear that anger is not going to reverse the loss and there is nothing left to bargain, individuals may then sink into the **depression** stage. Here is where they confront helplessness to make any changes and/or the inevitability and reality of the loss. Grieving people may blame themselves for having caused the loss. They may cry, act as if they don’t care about anything, or experience exhaustion. They may experience sleep or eating changes, wish life would pass on by, find it hard to get out of bed, or withdraw from other relationships and activities while they process the loss.

Psychological responses of an individual going through this stage would be: “*I’m so sad, why bother with anything?*”, “*What’s the point?*” and “*Why go on?*” In this state, the individual may refuse visitors, become silent, and spend much of the time mournful. This emotional time is the “aftermath” of the depression stage, also referred to as **preparatory grieving**. It shows the individual has begun to accept the reality of the loss. The depression stage is not a clinical depression but rather bereavement and mourning, and others may want to try to help the individual out of this depression. These emotional expressions must be experienced in order to heal. It is necessary to allow the individual to feel the loss, pain, sadness, and grief. It is necessary to be patient with the individual – there is no set time limit for this stage. The individual needs to experience and feel the emotions of depression in order to heal.

Again, this stage definitely varies according to the person’s situation. The person who is dying can enter this stage well before the people they leave behind, who must pass through their own individual stages of dealing with the grief.

Acceptance

Many times the experience of depression is what ultimately leads to **acceptance**. This is not a stage of being cured from a loss, as the loss is forever part of us. Rather, the acceptance stage is a period of calm and peace where individuals move forward without the loved one. They accept the reality that the loved one is physically gone. Individuals are once again able to plan for their futures and re-engage in daily life. Within

this last stage, they may focus on maintaining life as it was before a loved one died. It is not a period of happiness. Individuals embrace mortality or inevitable future, which comes with the “calm” and is a stable condition of emotions.

Psychological responses of an individual going through this stage would be: “*I can’t fight it; I may as well prepare for it.*” or “*Nothing is impossible; just do it.*” It is often confused with responses such as: “*It is going to be okay.*” Most are never okay about a loss. When individuals resist the acceptance stage, they prolong the natural process of healing. The best thing for those in this stage is to allow grief to happen and give it time.

Current Changes and Discussions in Thanatology

One recent discussion within the fields of both Thanatology and Psychology concerned depression and bereavement. In *The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*, what became known as a “bereavement exclusion” was included under Major Depressive Disorder.

Using DSM-IV, clinicians were advised to refrain from diagnosing major depression in individuals within the first two months following the death of a loved one in what has been referred to as the “bereavement exclusion.” By advising clinicians not to diagnose depression in recently bereaved individuals, the DSM-IV bereavement exclusion suggested that grief somehow protected someone from major depression. As part of the ongoing study of major depression, the bereavement exclusion has been removed from DSM. —Major Depressive Disorder and the “Bereavement Exclusion”, *American Psychiatric Association, 2013*

In the current edition of the DSM – the DSM-V – the “bereavement exclusion” has been removed. Many in the field of Thanatology feel this is a positive step in the direction of better, more thorough treatment options for the bereaved and grieving. Thanatologists are currently exploring how best to define “complex” vs. “normal” bereavement.

Another active area within Thanatology is the exploration of technology’s role in the dying process and bereavement experience. Social media

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amplifies traumatic events through its rapid spread of information. In the case of an individual's death, social media profiles become "online graveyards," where mourners leave messages for the deceased and their loved ones. The digital or online elements humans now leave behind are called "dremains."

Conclusion

The field of Thanatology continues to develop as it addresses modern-day challenges encountered within a multitude of subject areas including technology, complicated bereavement, end-of-life decision making, cultural changes, ethical/legal issues and more. Thanatology is a resource for all those who in some way work with death and dying.



Dr. Jill Karn is Chief Operating Officer for Pierce Mortuary Colleges. Dr. Karn oversees the operations and overall strategic direction of all Pierce Mortuary Colleges, including Dallas Institute of Funeral Service, Dallas, TX; Gupton-Jones College of Funeral Service,

Decatur, GA; and Mid-America College of Funeral Service, Jeffersonville IN. With over fifteen years in executive leadership roles, including twelve years in higher education, Karn brings deep perspective and broad organizational capabilities to Pierce Mortuary Colleges.

Mortuary Colleges

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Bishop State Community College, Funeral Services Program, (251) 405-4435

Jefferson State Community College, Funeral Service Education Birmingham, (205) 856-7844

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Arkansas St. University Mountain Home, Mortuary Science - Mountain Home, (870) 508-6100

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American River College, Funeral Service Education - Sacramento, (916) 484-8432

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